



United States Environmental Protection Agency
Expert or Consultant Certificate


Name of Person (Last, First, Middle) LANGE, SABINE S L	Organization (Office of the EPA official who will be responsible for utilizing the services of the expert or consultant) OCSPP/ Mission Support Division/Peer Review and Ethics
Nature of Appointment (check appropriate box) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Extension	Proposed Duration of Appointment (check appropriate box) <input checked="" type="checkbox"/> Intermittent <input type="checkbox"/> Regular Tour of Duty Not Exceeding 1 year

Certification

I certify that in approving the appointment of this expert/consultant, I have considered the requirements of law, relevant decisions of the Comptroller General, and Office of Personnel Management and EPA policies and instructions. More specifically, I have satisfied myself that:

- the services of the individual are essential for effective program management;
- the duties to be performed are those of: (check one)
☐ an expert (that is, they require a high level of expertise not available in the regular workforce)
☒ a consultant (that is, they are purely advisory in nature and will not include the performance or supervision of operating functions)
- the proposed appointee term is qualified to: (check one)
☒ provide advisory services as a consultant
☐ serve as an expert as that term used in FPM Chapter 304-1
- the appointment is appropriately designated as:(check one/
☒ intermittent (the individual will work occasionally and irregularly)
☐ temporary (the individual will work on a regular basis for a temporary period not to exceed 1 year)
- the appropriate appointment authority is being used;
- the pay level is appropriate for the duties to be performed and the qualifications of the appointee;
- the record of appointment has been clearly documented to show the services to be performed and the special qualifications of the appointee which relate specifically to those services,; and,
- a statement of employment and financial interest has been obtained and it has been determined that no conflicts of interest exist.

To Be Completed By Officials Making Certification

Certifying Official Authorized to Obtain the Expert's Consultant's Services Name <u>Michal Freedhoff, Ph.D.</u> Title <u>Principal Deputy AA, OCSPP</u> Signature <u> MICHAL FREEDHOFF</u> Digitally signed by MICHAL FREEDHOFF Date: 2021.05.18 17:23:36 -04'00'		Date May 18, 2021
Servicing Human Resources Officer (or designee) Name _____ Title _____ Signature _____		Date